

PERMISSION FOR MEDICAL CARE

I/We _____ as the parent(s)/legal guardian of
_____, give consent to the University of Notre
Dame medical providers (Sports Medicine Staff, University Affiliated Physicians and
University Student Health Services) for any medical care deemed necessary for
participation with Notre Dame Football as well as general health and well being.

Student-Athlete (Print) _____

Date of Birth: _____

Parents/Guardian Signature: _____

Date: _____